



FOR OFFICE USE ONLY

Date Received

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Student Number

COURSE NAME

Year of Entry (eg 2011)

| Please state the title of the course for which you are applying | Year of Course (1st, 2nd, 3rd) | Full Time | Part Time |
|---|--------------------------------|-----------|-----------|
| | | | |

PERSONAL DETAILS

First Names

Gender (M/F)

Age

Surname

Date of Birth
(day/month/year)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Previous
Surname (if any)

Title
(Ms/Miss/Mrs/Mr/Other)

Contact
Address

| |
|----------|
| |
| Postcode |
| |

Home Address (if different)

| |
|----------|
| |
| Postcode |
| |

Telephone
Number

| |
|------|
| |
| Home |

Mobile

| |
|--------|
| |
| Mobile |

Email
Address

SQA/Scottish Candidate Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Have you ever been a student at Perth College UHI?

Yes No

Address at the time (if different from above)

Have you ever been a student at another UHI college?

Yes No

If your answer is Yes to either of these questions:

Last course studied

Student Number (if known)

Postcode

If you would like information on our residences or local accommodation, please tick box

If you would like information on our College Nursery, please tick box

Please give details of any examinations you will be taking or for which you are awaiting results.

| Subject | Level | Subject | Level |
|---------|-------|---------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PERSONAL STATEMENT

Please tell us why you decided to choose this course and a little about yourself. This should include your current or previous employment, work experience, hobbies and what you have been doing most recently. Continue on a separate sheet if necessary.

Information gathered in the following sections is not used in the selection process but is required for statistical purposes and to help us identify any support needs you may have.

DISABILITY/HEALTH OR MEDICAL CONDITIONS

Please tell us about your support needs by ticking the relevant boxes.

I do not have any disabilities

| | |
|--|--------------------------|
| I have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder | <input type="checkbox"/> |
| I am blind or have a serious visual impairment uncorrected by glasses | <input type="checkbox"/> |
| I am deaf or have a serious hearing impairment | <input type="checkbox"/> |
| I have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | <input type="checkbox"/> |
| I have a mental health condition, such as depression, schizophrenia or anxiety disorder | <input type="checkbox"/> |
| I have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | <input type="checkbox"/> |
| I have physical impairment or mobility issues, such as difficulty using my arms or using a wheelchair or crutches | <input type="checkbox"/> |
| I have two or more impairments and/or disabling medical conditions | <input type="checkbox"/> |
| I have a disability, impairment or medical condition that is not listed above | <input type="checkbox"/> |

I would like a member of staff to contact me.

Likely support needs:

I have personal care support

I carry medicines which are time critical in their application (eg Epi-pen)

If you have a disability or support needs then we will send you relevant information.

ETHNIC ORIGIN

Ethnic Origin (Please tick one box)

| | | | | | | | | | | | |
|--------------------------|----------------------------|-------|--------------------------|----------------------------|-------|---|-------------------------|--------------------------|--------------------------|---------------------------|-------|
| <input type="checkbox"/> | Scottish | White | <input type="checkbox"/> | Indian | Asian | <input type="checkbox"/> | Caribbean | Black | <input type="checkbox"/> | White and Black Caribbean | Mixed |
| <input type="checkbox"/> | English | | <input type="checkbox"/> | Pakistani | | <input type="checkbox"/> | White and Black African | | | | |
| <input type="checkbox"/> | Welsh | | <input type="checkbox"/> | Bangladeshi | | <input type="checkbox"/> | White and Asian | | | | |
| <input type="checkbox"/> | Irish | | <input type="checkbox"/> | Chinese | | <input type="checkbox"/> | Other Mixed | | | | |
| <input type="checkbox"/> | Any other White background | | <input type="checkbox"/> | Any other Asian background | | <input type="checkbox"/> Information refused/ Not known | | <input type="checkbox"/> | Any other background | | |

OCCUPATIONAL BACKGROUND

Which of the following best describes what you are currently doing?

- At school
 Other education (at college or university)
 In full-time work
 In part-time work
 Not working - not registered as unemployed
 Registered unemployed
 Other

If you are under 21, please tell us the occupation of your highest earning parent, step-parent or guardian. If they are retired or unemployed, tell us their most recent occupation.

Occupation of Parent/Guardian

If you are over 21, please tell us your occupation.

Your occupation

Has any parent, guardian or other carer responsible for your upbringing studied at university? Yes No

MARKET RESEARCH

What was the most important source of information in your decision to apply to Perth College UHI?

Enter the appropriate code in this box from the following list:

- | | | |
|-----------------------|-------------------------|------------------------|
| FT Prospectus | NE Press advert/article | OD Open Day at College |
| RA Radio | EM Employer | CA Careers Office |
| LIB Library | SL School | FF Friend/family |
| CSS Student Services | LF Leaflet through door | LC Learning Centre |
| EX Careers Convention | WEB www.perth.uhi.ac.uk | INT Other website |

If you used more than one source, please enter the code for the next most important one in the following box.

UHI Millennium Institute and Academic Partners are registered under the 1998 Data Protection Act. By signing this form you consent to Perth College UHI holding and processing your personal data for all purposes connected with the College's statutory and business requirements. Where required, your information may be supplied to other official agencies, eg Higher Education Statistics Agency (HESA), Universities and Colleges Admissions Service (UCAS).

I confirm that to the best of my knowledge, the information given in this form is correct.

Signature

Date

Signature of Parent or Guardian if under 16.

Signature

Date

If you are applying for or intending to progress to a degree course, the degree for which you study may, at the sole discretion of UHI, be awarded by UHI or by another higher education institution including, but not limited to, the University of Aberdeen or the University of Strathclyde.

Please return your completed application form to:

Admissions Office, Perth College UHI, FREEPOST TY 333, PERTH PH1 2BR.
Direct Line: 0845 270 1177 www.perth.uhi.ac.uk

Perth College UHI is helping to create the University of the Highlands & Islands, as a partner in UHI Millennium Institute.